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March 3, 2026

Senator Pamela Beidle, Chair
Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401

RE: SB 917 Health Occupations - Practice Audiology – Definition
Position: OPPOSE

Madam Chair Beidle, Vice Chair Hayes, and Committee Members,

My name is Dr. Alicia Spoor and I am writing to respectfully urge an unfavorable report on SB 917. I am a Doctor of Audiology and small business, private practice owner in Howard County. At my practice, I see patients of all ages for evaluation and diagnostic testing. Many patients find my office in Highland, Maryland more accessible for tinnitus evaluations and treatment, auditory implantable pre- and post-surgical diagnostic and treatment services, and occupational and recreational hearing protection management and treatment. I earned a Doctor of Audiology degree from Gallaudet University in Washington, D.C. and stated my professional career after residency (externship) at the Mayo Clinic Arizona. I have been providing patient care in Maryland for more than 16 years. As an audiologist, I am a mandatory provider (either participating or non-participating, but I cannot opt-out) of Medicare and also choose to participate with BlueCross/BlueShield insurance.

SB 917 would restrict audiologists from conducting health screenings. The legislation is unnecessary, unsupported by evidence, and contrary to the direction of national healthcare standards. This is the third time this debate has been brought before the legislature, and I hope that the weight of evidence presented will finally lead to a decisive and favorable resolution for patients and providers alike.

The question of whether audiologists may conduct health screenings is not new — nor has it ever been legitimately in dispute. In 2015, the Maryland Academy of Audiology (MAA) formally sought guidance from the Maryland Board of Examiners for Audiologists, Hearing Aid Dispensers, Speech-Language Pathologists, and Music Therapists ("Board") regarding the legality of completing mandatory health screenings required under the (then) Medicare's Physician Quality Reporting System (PQRS). The Board's then-Executive Director, Mr. Christopher Kelter, conveyed the legal counsel's decision that health screenings are within the scope of practice for audiologists. Appropriate training to provide health screenings and follow-up referral was strongly emphasized with this decision. Acting on that guidance, and with the continued advice of the BoE's legal

counsel, I have been providing health screenings to patients — when appropriate and applicable — since 2016.

Importantly, the Board's own Disciplinary Action website[1] confirms that no complaints related to audiologists conducting health screenings has required disciplinary action since that guidance was issued. There have been no reports of patient harm following the passage of the 2024 legislation, and I am confident the benefits of permitting this practice will continue to outweigh any speculative risks, as I have experienced first-hand in my practice.

Additionally, in 2026, the American Medical Association (AMA) released twelve new audiology billing codes as part of its Current Procedural Terminology (CPT) 2026 code set. In its press release,[2] the AMA noted that these patient-centered approaches include "assessing visual, dexterity, and psychological factors" — health screenings that extend beyond the auditory and vestibular systems traditionally associated with audiology.

This is a significant development. The AMA — the preeminent national physician and healthcare association — has formally codified audiologists' ability to conduct broader health screenings by creating reimbursable billing codes incorporating these services. When a national body of this stature takes such a step, it signals that the profession has the training, clinical expertise, and patient-centered rationale to perform these functions. Maryland's physician associations should follow the lead of their national counterpart on this issue, rather than seek to prohibit audiologists from providing care that is already recognized at the federal level.

Audiologists who participate in Medicare — as I do — are subject to the Merit-Based Incentive Payment System (MIPS), which requires health screenings as part of its quality measures. Failure to complete these screening procedures exposes providers to a 9% payment penalty on all Medicare claims submitted in a given calendar year. For small audiology practices, this is not a theoretical concern — it is a serious financial consequence that would directly harm our ability to serve patients and employ members of the community.

The Centers for Medicare & Medicaid Services (CMS) has made participation in these quality measures a condition of doing business under Medicare.[3] Restricting audiologists from conducting health screenings through vague or overly narrow statutory language would place Maryland providers in an untenable position: comply with federal requirements and risk violating state law or comply with state law and face significant federal financial penalties. This is an outcome the legislature should seek to avoid.

Audiologists hold doctoral-level degrees and possess both didactic training and clinical expertise to conduct health screenings responsibly. Moreover, the nature of our practice places us in a unique position to identify changes in patient health. We see patients routinely — often every six months — which means we develop longitudinal familiarity with each individual and are well-positioned to notice subtle changes that might otherwise go undetected. Most health screenings are pass/refer in nature, straightforward in their administration, and do not involve diagnosis or treatment.

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[1] https://health.maryland.gov/boardsahs/Pages/publicorders.aspx

[2] https://www.ama-assn.org/press-center/ama-press-releases/ama-releases-cpt-2026-code-set

[3] https://www.cms.gov/medicare/payment/fee-schedules/physician/audiology-services

Audiologists are more than capable — and often have more time than other healthcare practitioners — to have meaningful conversations with patients about their overall health and wellbeing.

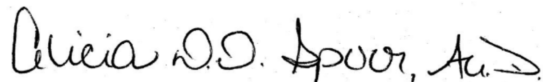
It is also worth noting that Maryland is simultaneously moving forward with legislation that expands the role of health professionals in identifying and responding to public health concerns. In 2026, the General Assembly is actively strengthening Maryland's anti-sex trafficking framework through measures including HB 1348, which enables reports to regional navigators; HB 771, which mandates health professional training by October 2026; and SB 254/HB 355, which integrates trafficking awareness into school curricula for grades 6 through 8. These efforts reflect a legislative commitment to empowering healthcare providers to serve as frontline resources for vulnerable populations.

Audiologists, who see patients regularly and build trusting long-term relationships with them, are exactly the kind of healthcare providers that expanded public health initiatives depend upon. Restricting our ability to conduct health or general screenings, runs directly counter to the spirit of these concurrent legislative priorities.

The current statutory language permitting audiologists to conduct health screenings reflects sound policy, is consistent with federal requirements, has been affirmed by the BoE's legal counsel, and has caused no documented harm. The AMA's 2026 CPT code expansion further validates that this is the appropriate and evolving standard of care nationally.

Thank you sincerely for your time and continued commitment to thoughtful, evidence-based healthcare policy. I request an unfavorable report for SB 917.

Sincerely,



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